## **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: ANGELUS RETIREMENT COMMUNITY NEILLSVILLE (0010268)

Address: 1211 LLOYD STREET, NEILLSVILLE, WI 54456

License Status: REGULAR

Licensed/Certified/Registered 04/01/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History								
Survey ID: 0096666	End Date: 03/15/2006	Type: STANDARD	Purpose: SURVEY					
Results: NO STATEMENT OF DEFICIENCY ISSUED								
Survey ID: 0095368	End Date: 08/08/2005	Type: ABBREVIATED	Purpose: COMPLAINT					
Results: NO STATEMENT OF DEFICIENCY ISSUED								
Survey ID: 0095193	End Date: 06/06/2005	Type: STANDARD	Purpose: SURVEY					
Results: ENFORCEMENT ACTION								
Statement of Deficiency: #10010023 Served 06/24/2005								
	Deficiencies Cited 89.23(4)(d)1	Subject Area SERVICES		Compliance Verified 06/30/2005	Corrected Yes			

### **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
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Survey ID: 0094316 End Date: 02/22/2005 Type: ABBREVIATED Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10006385 Served 03/22/2005

Compliance

 Deficiencies Cited
 Subject Area
 Verified
 Corrected

 89.23(4)(a)3
 SERVICES
 06/01/2005
 Yes

 89.23(4)(d)1
 SERVICES
 06/30/2005
 Yes

Survey ID: 0092396 End Date: 04/14/2004 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091382 End Date: 08/25/2003 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

### **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 06/25/2005 SOD #10010023 Appealed: No

**Sanctions** 

COMPLY WITH REQUIREMENT FORFEITURE---89.23(4)(d)1

Date: 03/21/2005 SOD #10006385 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---89.23(4)(a)3 FORFEITURE---89.23(4)(d)1

# **Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History							
Date Complaint Received: 08/03/2005	Date Investigation Completed: 08/08/2005						
Subject Area(s) ABUSE	Result NOT SUBSTANTIATED	SOD#					
Date Complaint Received: 12/02/2004	Date Investigation Completed: 02/22/2005						
Subject Area(s) HOMELIKE ENVIRONMENT & CLEANLINESS NUTRITION & FOOD SERVICES MEDICATIONS	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#					
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10006385					
Date Complaint Received: 02/26/2004	Date Investigation Completed: 04/14/2004						
Subject Area(s) ABUSE MEDICATIONS ADMINISTRATION QUALITY OF LIFE	Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#					
Date Complaint Received: 02/24/2004	Date Investigation Completed: 04/14/2004						
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE	Result NOT SUBSTANTIATED	<u>SOD #</u>					